IDAHO DEPARTMENT OF
HEALTH & WELFARE

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June 26, 2006

Stacy Schoonover, Administrator
Gooding Rehabilitation & Living Center
1220 Montana Street
Gooding, ID 83330

Provider #: 135083

Dear Ms. Schoonover:

On **June 2, 2006**, a Complaint Investigation was conducted at Gooding Rehabilitation & Living Center. Marcia Key, R.N. and Lisa Kaiser, R.N. conducted the complaint investigation. A total of 6 survey hours were required to complete this investigation. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00001418

ALLEGATION #1:

The complainant stated an identified resident had been admitted to a local hospital from the facility. The complainant stated the resident had been neglected and was hospitalized on May 19, 2006, for extreme dehydration. The resident had not been drinking or eating for four days prior to his admission to the hospital.

FINDINGS:

The identified resident's record was reviewed. The resident had a long history of behaviors with increased agitation which were being monitored by a psychiatrist. In April, he was admitted to a psychiatric facility for medication adjustments. The nurses' notes documented increasing lethargy and frequent refusals to eat or drink after his re-admission to the facility. From April 24 through May, 11, 2006, the resident was seen by three physicians on three separate occasions for changes in his condition. On May 13, 2006, he was again evaluated by a physician with

subsequent transport to the emergency room.

Documentation identified continued attempts to feed and provide fluids and supplementation to the resident. There was no documented evidence that the facility neglected the resident during this period of time.

CONCLUSIONS:
Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

The complainant stated that upon admission to the hospital on May 19, 2006, the resident had blood on his neck.

FINDINGS:

The resident's record was reviewed. It was identified that during morning cares, the certified nursing assistant accidentally nicked the resident's neck while shaving him with an electric razor. The certified nursing assistant immediately notified the Director of Nursing and first aid was administered.

CONCLUSIONS:
Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #3:

The complainant stated when the resident was admitted to the hospital on May 19, 2006, he had residue from electrocardiogram leads on his body, was dirty and had a dressing on his body from a previous emergency room visit when he had received intravenous therapy. The complainant stated the resident had been seen in the hospital emergency room on May 13 and 14, 2006, and had received an electrocardiogram on one of those emergency room assessments.

FINDINGS:

The resident's record was reviewed. The resident received a shower on May 15, 17, 19, 2006.

A licensed nurse performed a skin assessment on May 15, 2006. At that time she decided against removing the bandage from the resident's left leg until the adhesive properties of the bandage weakened thus protecting the resident's skin integrity.

CONCLUSIONS:
Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #4:

The complainant stated the identified resident was admitted to the hospital from the facility with skin breakdown. The complaint alleged the resident had a dime-sized Stage II pressure ulcer on his coccyx.

FINDINGS:

The resident's record was reviewed. The resident's skin was assessed by multiple staff on the morning of May 19, 2006. There was no documented evidence of redness or skin breakdown to the resident's coccyx. A certified nursing assistant documented a reddened area extending from hip to hip only.

The complaint provided photographs which were reviewed. The photographs identified a small discolored area to the left of the sacral region. There was also a red mark extending from hip to hip.

CONCLUSIONS:
Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

MARCIA KEY, R.N.
Health Facility Surveyor
Long Term Care

MK/dmj